

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

9 6 - 0 5

2. STATE:

Missouri

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

February 15, 1996

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ _____
b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

4.19-A Page 19, 20A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

4.19-A Page 19 & 20A

10. SUBJECT OF AMENDMENT:

This amendment will change the UCACI and Safety Net Payments from the State Fiscal Year (July to June) to the Federal Fiscal Year (October to September.)

11. GOVERNOR'S REVIEW (Check One):

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Gary J. Stangler

14. TITLE:

Director, Department of Social Services

15. DATE SUBMITTED:

3/27/96

16. RETURN TO:

Division of Medical Services
P. O. Box 6500
Jefferson City, MO 65102-6500

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

03/29/96

18. DATE APPROVED:

AUG 28 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

02/15/96

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Nanette Foster Reilly

22. TITLE:

Acting ARA for Medicaid & State Operations

23. REMARKS:

Martin
Checkett

SPA CONTROL

Date Submitted 03/28/96

Date Received 03/29/96

State: Missouri

XVI. Uncompensated Care/Access to Care Incentive (UCACI) Adjustments -
Disproportionate Share. An uncompensated care/access to care incentive (UCACI) adjustment shall be provided for disproportionate share hospitals prior to the end of each federal fiscal year, as described in this section.

A. For hospitals which qualified as disproportionate share hospitals and were granted disproportionate share rates as described in section VI in the payment year, other than those satisfying the provisions of VI.C.I.(e)(2) or VI.D.3.(e), the uncompensated care/access to care incentive (UCACI) adjustment shall be the less of:

1. The hospital's total hospital charges (THC) times the hospital's Medicaid inpatient utilization rate (MIUR) times an incentive/access/adjustment factor on one hundred and twenty-five percent (125%), less total Missouri Medicaid patient revenues (TMMPR). A hospital with a cost-to-charge ratio of less than fifty percent (50%) will have its total hospital charges (THC) amount adjusted downward to the fifty percent (50%) limit.

For Example: $UCACI = ((THC) (Adjusted) \times MIUR \times 125\%) - TMMPR$,
or,

2. The individual hospital's UCACI divided by the sum of the UCACI's for all hospitals described in subsection VI.A. times one hundred and forty-five percent (145%) of the amounts credited to the general revenue transfers designated for the disproportionate share revenue collection center of uncompensated care fund during the estate fiscal year. For state fiscal year 1991 only, the amounts credited and/or designated between March 12, 1991, and June 30, 1991, shall be considered.

B. Subject to paragraph XVI.B.2. hospitals which qualified as disproportionate share hospitals in the payment year under the provisions of VI.C.I.(e)(2) or VI.D.3.(e), and were granted disproportionate share rates available to such hospitals, in the payment year the uncompensated care/access to care incentive (UCACI) adjustment shall be:

1. The hospital's total hospital charges (THC) times the hospital's Medicaid inpatient utilization rate (MIUR) times an incentive/access/adjustment factor of one hundred and thirty-five percent (135%), less total Missouri Medicaid patient revenues (TMMPR). A hospital with a cost-to-charge ratio of less than fifty percent (50%) will have its total hospital charges (THC) amount adjusted downward to the fifty percent (50%) limit.

For Example: $UCACI = ((THC) (Adjusted) \times MIUR \times 135\%) - TMMPR$.

2. If the aggregate cash subsidies (CS) are less than the matching amount required, the total aggregate adjustment will be adjusted downward accordingly, and distributed to the hospitals in the same proportions as the original adjustment amounts.

- D. In compliance with 42 CFR 447.253(b)(2), the Division of Medical Services shall make a finding each State fiscal year to ensure that estimated aggregate Title XIX payments do not exceed the estimated upper limits described in 42 CFR 447.272. Should the Division's finding indicate the estimated upper payment limit will be exceeded, the Division will take corrective action to reduce Title XIX payments to the estimated upper limit.

XVIII. Safety Net Adjustment. A Safety Net Adjustment shall be provided for each hospital which qualified s disproportionate share under the provision of VI.D.3.(e) prior to the end of each federal fiscal year.

A. The Safety Net Adjustment shall be computed as follows:

1. The Safety Net Adjustment shall be equal to the lesser of charity care charges or total unreimbursed hospital charges. Unreimbursed hospital charges are computed as total hospital charges less patient revenues and UCACI adjustments computed in accordance with subsection XVI.B. In the case of nominal charge providers whose total charges are less than cost, total hospital costs shall be substituted for total hospital charges.
2. If the aggregate cash subsidies (CS) are less than the matching amount required, the total aggregate safety net adjustment will be adjusted downward accordingly, and distributed to the hospitals in the same proportions as the original safety net adjustments.
3. The data sources, reports and data definitions for determining the Safety Net Adjustments shall be the same as described in paragraph VI.A.2. and adjusted as may be described above. Hospitals which do not have a third prior fiscal year cost report described in paragraph VI.A.2. shall not be eligible for a safety net adjustment. No amended cost reports shall be eligible for a safety net adjustment. No amended cost reports shall be accepted after the Division's annual determination of the adjustment amount.
4. Adjustments provided under this section shall be considered reasonable costs for purpose of the determinations described in paragraph V.D.2.

B. A safety net adjustment described in this section shall be available to a children's hospital.

C. A Safety Net adjustment described in this section shall be available to sole community hospitals defined in paragraph V E 4.

INSTITUTIONAL STATE PLAN AMENDMENT
ASSURANCE AND FINDING CERTIFICATION STATEMENT

STATE: Missouri

TN - 96-05

REIMBURSEMENT TYPE: Inpatient hospital X

PROPOSED EFFECTIVE DATE: Februray 15, 1996

A. State Assurances and Findings. The State assures that is has made the following findings:

1. 447.253 (b) (1) (i) - The State pays for inpatient hospital services through the use of rates that are reasonable and adequate to meet the costs that must be incurred by efficiently and economically operated providers to provide services in conformity with applicable State and Federal laws, regulations, and quality and safety standards. _____
2. With respect to inpatient hospital services - -
 - a. 447.253 (b) (1) (ii) (A) - The methods and standards used to determine payment rates take into account the situation of hospitals which serve a disproportionate number of low income patients with special needs. _____
 - b. 447.253 (b) (1) (ii) (B) - If a state elects in its State plan to cover inappropriate level of care services (that is, services furnished to hospital inpatients who require a lower covered level of care such as skilled nursing services or intermediate care services) under conditions similar to those described in section 1861 (v) (1) (G) of the Act, the methods and standards used to determine payment rates must specify that the payments for this type of care must be made at rates lower than those for inpatient hospital level of care services, reflecting the level of care actually received, in a manner consistent with section 1861 (v) (1) (G) of the Act. _____

If the answer is "not applicable," please indicate:

-
- c. 447.253 (b) (1) (ii) (C) - The payment rates are adequate to assure that recipients have reasonable access, taking into account geographic location and reasonable travel time, to inpatient hospital services of adequate quality. _____
4. 447.253 (b) (2) - The proposed payment rate will not exceed the upper payment limits as specified in 42 CFR 447.272:
- a. 447.272 (a) - Aggregate payments made to each group of health care facilities (hospitals, nursing facilities, and ICFs/MR) will not exceed the amount that can reasonably be estimated would have been paid for those services under Medicare payment principles. _____
- b. 447.272 (b) - Aggregate payments to each group of State-operated facilities (that is, hospitals, nursing facilities, and ICFs/MR) - - when considered separately - - will not exceed the amount that can reasonably be estimated would have been paid for under Medicare payment principles. _____
- If there are no State-operated facilities, please indicate "not applicable:" _____
- c. 447.272 (c) - Aggregate disproportionate share hospital (DSH) payments do not exceed the DSH payment limits at 42CFR 447.296 through 447.299.
- d. Section 1923 (g) - DSH payments to individual providers will not exceed the hospital-specific DSH limits in section 1923(g) of the Act. _____

B. State Assurances. The State makes the following additional assurances:

1. For hospitals - -
- a. 447.253 (c) - In determining payment when there has been a sale or transfer of the assets of a hospital, the State's methods and standards provide that payment rates can reasonably be expected not to increase in the aggregate solely as a result of changes of ownership, more than payments would increase under Medicare under 42 CFR 413.130, 413.134, 413.153 and 413.157 insofar as these sections affect payment for depreciation, interest on capital -indebtedness, return on equity)if applicable), acquisition costs for which payments were previously made to prior owners, and the recapture of depreciation.

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3. 447.253 (e) - The State provides for an appeals or exception procedure that allows individual providers an opportunity to submit additional evidence and receive prompt administrative review, with respect to such issues as the State determines appropriate, of payment rates.
 4. 447.253 (f) - The State requires the filing of uniform cost reports by each participating provider. _____
 5. 447.253 (g) - The State provides for periodic audits of the financial and statistical records of participating providers. _____
 6. 447.253 (h) - The State has complied with the public notice requirements of 42 CFR 447.205.

Notice published on: February 14, 1996

If no date is shown, please explain:

7. 447.253 (i) - The State pays for inpatient hospital services using rates determined in accordance with the methods and standards specified in the approved State plan. _____

C. Related Information

1. 447.255 (a) - NOTE: If this plan amendment affects more than one type of provider (e.g., hospital, NF, and ICF/MR; or DSH payments) provide the following rate information for each provider type, or the DSH payments. You may attach supplemental pages as necessary.

Provider Type: Hospital

For hospitals: The Missouri Hospital Plan includes DSH payments in the estimated average rates. However, the DSH payments included in the estimated average rates do not represent the total DSH payments made to hospitals under the Missouri Medicaid Plan.

Estimated average proposed payment rate for instate hospitals as a result of this amendment is: \$627.91

Average payment rate in effect for instate hospitals immediately preceding rate period is: \$627.91

Amount of change: \$0.00 Percent of change: 0.00%

Estimated average proposed payment rate for out-of-state hospitals and instate federally operated hospital as a result of this amendment is: \$414.36

Average payment rate in effect for out-of-state hospitals and instate federally operated hospitals immediately preceding rate period is: \$ 4 1 4 . 3 6

Amount of change: \$0.00 Percent of change: 0.00%

2. 447.255 (b) - Provide an estimate of the short-term and, to the extent feasible, long-term effect the change in the estimated average rate will have on:
- (a) The availability of services on a statewide and geographic area basis:
This amendment will not effect the availability of short-term or long-term services.
 - (b) The type of care furnished: This amendment will not effect hospital services furnished to Medicaid eligibles.
 - (c) The extent of provider participation This amendment will assure recipients have reasonable access taking into account geographic location and reasonable travel time to inpatient hospital services.
 - (d) For hospitals - - the degree to which costs are covered in hospitals that serve a disproportionate number of low income patients with special needs:
It is estimated that disproportionate share hospitals will receive 100% of its Medicaid cost for low income patients with special needs.

FFY 1996 OBRA LIMITATION AND DSH PAYMENTS
STATE PLAN AMENDMENT TN 96-05

PROVIDER	NUMBER	XIX UTILIZATION	OBRA LIMIT	TOTAL D/S \$
ALEXIAN BROTHERS HOSPITAL	010635001	20.24%	2,575,162	2,537,533
ARCADIA VALLEY HOSPITAL	010325108	12.97%	490,490	480,257
AUDRAIN MEDICAL CENTER	010328102	13.48%	2,538,423	2,482,570
AURORA COMMUNITY HOSPITAL	010569507	14.44%	682,293	665,974
BAPTIST MEDICAL CENTER	010673002	4.84%	2,643,559	2,591,959
BARNES HOSPITAL	010638005	13.79%	30,625,244	30,042,792
BARNES ST. PETERS	012139309	7.76%	1,334,148	1,302,339
BARNES WEST COUNTY HOSPITAL	012778403	1.26%	328,887	319,265
BARTON COUNTY MEMORIAL HOSPITAL	010421402	18.78%	369,351	362,498
BATES COUNTY MEMORIAL HOSPITAL	010673606	13.59%	609,770	596,379
BETHESDA GENERAL HOSPITAL	010305704	11.96%	1,294,764	1,264,249
BOONE HOSPITAL CENTER	010631100	4.56%	3,330,361	3,252,877
BOTHWELL REGIONAL	010151808	9.33%	2,223,604	2,175,602
BREECH MEDICAL CENTER	010491007	4.35%	472,395	461,221
CALLAWAY COMMUNITY HOSPITAL	010161505	11.46%	476,825	466,009
CAMERON COMMUNITY HOSPITAL	010631108	6.48%	377,176	367,385
CARDINAL GLENNON'S CHILDREN HS	010151802	65.21%	8,452,085	8,351,486
CARROLL COUNTY MEMORIAL HOSP	010151907	7.82%	122,237	119,746
CASS MEDICAL CENTER	010494003	5.54%	603,492	587,359
CEDAR COUNTY MEMORIAL HOSPITAL	010321306	15.34%	252,260	247,180
CHARTER HOSPITAL OF COLUMBIA	012061006	51.24%	1,597,914	1,587,953
CHILDREN'S MERCY HOSPITAL	010931608	48.75%	20,852,363	20,617,290
CHRISTIAN HOSPITAL NORTHEAST	010491605	3.34%	7,647,391	7,459,274
CHRISTIAN HOSPITAL NORTHWEST	010491704	10.60%	6,156,134	6,024,183
CITIZEN'S MEMORIAL HOSPITAL	011711508	16.64%	922,027	906,696
COLUMBIA REGIONAL HOSPITAL	010411305	3.65%	2,051,006	2,004,956
COOPER COUNTY MEMORIAL HOSPITAL	010311508	4.26%	362,817	353,015
CPC SPIRIT OF ST. LOUIS	011911802	49.84%	585,372	583,155
CRITTENTON CENTER	012411602	46.35%	1,024,131	1,015,113
DEACONESS HOSPITAL	010631608	21.46%	6,439,201	6,332,037
DEPAUL HEALTH CENTER	010491102	11.33%	7,178,479	7,012,828
DEXTER MEMORIAL HOSPITAL	010721301	14.21%	546,032	535,763
DOCTORS HOSPITAL - WENTZVILLE	012371105	7.34%	1,058,656	1,040,523
DOCTOR'S HOSPITAL OF SPRINGFIELD	010561109	40.31%	2,015,128	1,977,806
DOCTOR'S REGIONAL MEDICAL CENR	011601105	31.91%	2,973,085	2,935,667
ELLETT MEMORIAL HOSPITAL	010492108	15.86%	340,414	332,371
EXCELSIOR SPRINGS MEDICAL CNTR	010421100	6.15%	386,523	376,909
FAIRFAX COMMUNITY HOSPITAL	010491302	11.96%	200,591	196,642
FARMINGTON REGIONAL MED CTR	010631203	6.71%	813,259	795,240
FREEMAN HOSPITAL	010491005	14.92%	4,711,783	4,620,329
FULTON STATE HOSPITAL	050491002	6.11%	51,302,241	51,302,241
FULTON STATE HOSPITAL-CHILDREN	020491009	12.42%	1,748,939	1,748,939
GENTRY COUNTY MEMORIAL HOSP	010151301	7.17%	178,600	173,897
GOLDEN VALLEY MEMORIAL HOSP	010561604	15.64%	1,777,986	1,748,080
GRIM-SMITH HOSPITAL	010421602	8.92%	646,640	632,954
HANNIBAL REGIONAL HOSPITAL	010416106	12.56%	1,842,952	1,811,318
HARRISON COUNTY COMMUNITY HOSP	010322907	8.53%	184,199	179,204
HAWTHORN CHILDREN'S HOSPITAL	021774005	49.71%	6,148,996	6,148,996
HEARTLAND HOSPITAL HSA	011960101	55.89%	1,838,517	1,824,329
HEARTLAND HOSPITAL WEST & EAST	010156800	9.13%	8,510,078	8,359,807
HEDRICK MEDICAL CENTER	010570208	13.93%	892,435	879,147
HERMAN AREA DISTRICT HOSPITAL	010420800	7.36%	121,798	119,581
INCARNATE WORD HOSPITAL	010669901	4.08%	2,122,720	2,074,790
INDEPENDENCE REGIONAL HEALTH	010670107	2.23%	3,236,018	3,167,608
JEFFERSON MEMORIAL HOSPITAL	010155703	12.07%	4,055,389	3,987,243
JEWISH HOSPITAL	010724201	7.03%	6,227,965	6,108,701
JOHN FITZGIBBON MEMORIAL HOSP	010636405	15.54%	626,051	611,967
KIRKSVILLE OSTEOPATHIC HOSP	010601201	30.28%	1,111,224	1,087,971

FFY 1996 OBRA LIMITATION AND DSH PAYMENTS
STATE PLAN AMENDMENT TN 96-05

PROVIDER	NUMBER	XIX UTILIZATION	OBRA LIMIT	TOTAL D/S \$
LAFAYETTE REGIONAL HEALTH CNTR	010568509	21.15%	855,629	840,043
LAKE OF THE OZARKS GEN HOSP	010671600	16.34%	2,080,065	2,031,769
LAKELAND REGIONAL HOSPITAL	011287901	48.65%	3,583,773	3,545,327
LAKESIDE HOSPITAL	010494300	5.00%	112,410	107,941
LEE'S SUMMIT HOSPITAL	010851905	1.36%	571,840	554,111
LIBERTY HOSPITAL	010568608	3.15%	1,553,982	1,515,106
LINCOLN COUNTY MEMORIAL HOSP	010419802	12.76%	793,829	776,661
LUCY LEE HOSPITAL	010420008	22.94%	2,879,840	2,838,830
LUTHERAN MEDICAL CENTER	010495000	38.04%	7,798,999	7,720,163
L.E. COX MEDICAL CENTER	010419604	18.98%	18,705,225	18,396,052
MADISON COUNTY MEMORIAL HOSP.	010155109	25.91%	386,035	379,682
MALCOLM BLISS MENTAL HEALTH	020565701	4.17%	9,690,279	9,690,279
MCCUNE-BROOKS HOSPITAL	010670909	4.09%	1,219,081	1,189,062
MEDICAL CENTER OF INDEPENDENCE	010850808	6.24%	1,151,878	1,125,520
MEMORIAL COMMUNITY HOSPITAL	010158509	2.25%	639,490	626,980
METROPOLITAN MEDICAL CTR-WEST	010491207	19.68%	1,720,155	1,685,600
MID MISSOURI MENTAL HEALTH	020420402	7.94%	7,171,476	7,171,476
MINERAL AREA REGIONAL MED CNTR	010634806	30.60%	2,527,451	2,487,935
MISSOURI BAPTIST MEDICAL CTR	010419307	1.05%	2,506,901	2,434,245
MISSOURI BAPTIST OF SULLIVAN	010565000	14.01%	728,795	711,069
MISSOURI DELTA MEDICAL CENTER	010418903	20.64%	3,998,578	3,934,704
MISSOURI REHAB CENTER	010156107	63.55%	3,643,841	3,621,410
MOBERLY REGIONAL MEDICAL CENTR	011435005	18.20%	962,354	943,307
NEVADA CITY HOSPITAL	010419000	23.91%	1,108,168	1,095,868
NORTH HILLS HOSPITAL OF KC	012586400	34.51%	1,455,498	1,444,972
NORTH KANSAS CITY HOSPITAL	010566107	2.94%	5,783,727	5,640,811
OAK HILL HOSPITAL	010565208	20.40%	2,978,140	2,912,297
OZARKS MEDICAL CENTER	010492106	18.79%	2,351,766	2,312,560
PARK LANE MEDICAL CENTER	010931202	14.33%	1,600,097	1,581,279
PEMISCOT MEMORIAL HOSPITAL	010988509	48.83%	2,082,182	2,051,093
PERRY COUNTY MEMORIAL HOSPITAL	010157204	12.80%	349,890	342,763
PERSHING MEMORIAL HOSPITAL	010570406	7.72%	421,940	409,827
PHELPS COUNTY REGIONAL MED CEN	010419109	20.02%	6,393,824	6,281,475
PIKE COUNTY MEMORIAL HOSPITAL	010724805	13.93%	469,074	458,029
PUTNAM COUNTY MEMORIAL HOSP	010322501	9.43%	161,959	158,663
RAY COUNTY MEMORIAL HOSPITAL	010491702	4.06%	438,797	427,523
RESEARCH MEDICAL CENTER	010323608	4.49%	10,353,765	10,151,181
RESEARCH PSYCHIATRIC	013320908	4.35%	604,734	588,398
REYNOLDS COUNTY MEMORIAL HOSP	010323707	24.02%	421,498	411,508
RIPLEY COUNTY MEMORIAL HOSPITL	010634509	12.14%	357,364	349,512
RIVERSIDE HOSPITAL	012322509	34.36%	671,883	664,783
ROYAL OAKS	012499604	37.39%	1,781,309	1,759,567
SAC-OSAGE HOSPITAL	010566503	15.96%	404,301	398,357
SALE HOSPITAL	010323806	1.04%	914,326	889,857
SALEM MEMORIAL DISTRICT HOSP	010570307	2.17%	353,934	344,874
SAMARITAN MEMORIAL HOSPITAL	010418606	5.68%	319,316	315,176
SCOTLAND COUNTY MEMORIAL HOSP	010325603	12.15%	103,893	101,452
SKAGGS COMMUNITY HOSPITAL	010932507	10.36%	1,721,505	1,678,630
SOUTH BARRY COUNTY HOSPITAL	010418804	4.30%	359,041	350,115
SOUTHEAST MISSOURI HOSPITAL	010417509	11.96%	7,172,214	7,031,565
SOUTHEAST MO MENTAL HEALTH	050490200	2.84%	22,605,598	22,605,598
SPRINGFIELD COMMUNITY HOSPITAL	011824000	26.64%	2,038,757	2,003,404
SSM REHAB INSTITUTE	010323103	11.24%	767,876	751,073
ST JOHN'S MERCY HOSPITAL	010636900	5.12%	2,866,546	2,797,982
STE. GENEVIEVE COUNTY MEM HOSP	010491801	11.38%	417,253	409,137
STILL REGIONAL MEDICAL CENTER	010564904	6.37%	1,784,817	1,744,466
ST. ANTHONY'S MEDICAL CENTER	010161008	10.30%	8,302,953	8,093,225
ST. FRANCIS - MARYVILLE	010494508	15.16%	827,392	818,186

FFY 1996 OBRA LIMITATION AND DSH PAYMENTS
STATE PLAN AMENDMENT TN 96-05

PROVIDER	NUMBER	XIX UTILIZATION	OBRA LIMIT	TOTAL D/S \$
ST. FRANCIS HOSPITAL	010491603	11.34%	289,316	282,576
ST. FRANCIS MEDICAL CTR-CAPE	010160802	6.42%	4,595,313	4,502,134
ST. JOHN'S MERCY MEDICAL CENTR	010567402	6.77%	13,926,772	13,580,741
ST. JOHN'S REGIONAL-JOPLIN	010564508	6.70%	7,049,343	6,887,416
ST. JOHN'S REGIONAL-SPRINGFLD	010135408	7.94%	19,503,057	19,058,815
ST. JOSEPH HEALTH CENTER	010418101	9.96%	5,049,770	4,932,293
ST. JOSEPH HEALTH CENTER	010156305	1.89%	3,220,239	3,139,304
ST. JOSEPH HOSPITAL WEST	012361606	5.81%	1,333,106	1,296,151
ST. JOSEPH HOSPITAL-KIRKWOOD	010417202	2.55%	1,665,881	1,617,351
ST. JOSEPH STATE HOSPITAL	050157700	3.99%	16,186,077	16,186,077
ST. LOUIS CHILDREN'S HOSPITAL	010930907	47.37%	12,765,522	12,577,443
ST. LOUIS REGIONAL MED CENTER	010567501	57.17%	45,137,760	45,137,760
ST. LOUIS STATE HOSPITAL	051500015	1.71%	25,227,404	25,227,404
ST. LOUIS UNIVERSITY	010671907	11.14%	19,947,714	19,537,903
ST. LUKE'S HOSPITAL OF KC	010326106	9.92%	16,464,906	16,075,499
ST. LUKE'S HOSPITAL WEST	010567600	2.34%	1,919,787	1,851,234
ST. LUKE'S NORTHLAND HOSPITAL - SMI	010638609	13.23%	2,276,576	2,226,629
ST. MARY'S HEALTH CENTER	010322600	7.17%	3,069,394	3,006,279
ST. MARY'S HEALTH CENTER	010326205	12.36%	5,440,994	5,337,482
ST. MARY'S HOSP.-BLUE SPRINGS	011444403	2.38%	1,178,904	1,148,254
ST. VINCENT'S HOSPITAL	010671105	6.44%	480,214	469,136
SULLIVAN COUNTY MEMORIAL HOSP	010324804	6.17%	126,502	123,284
TEXAS COUNTY MEMORIAL HOSPITAL	010156503	22.81%	926,397	903,483
THE REHABILITATION INSTITUTE	010160703	26.23%	669,021	659,852
TRINITY LUTHERAN HOSPITAL	010637304	20.93%	6,036,509	5,961,410
TRUMAN MEDICAL CENTER EAST	010568400	50.66%	11,734,473	11,734,473
TRUMAN MEDICAL CENTER WEST	010322709	44.50%	36,470,385	36,470,385
TWIN RIVERS REGIONAL MED CNTR	010492809	39.93%	2,471,151	2,434,614
TWO RIVERS PSYCHIATRIC HOSPITL	012569505	15.88%	1,256,296	1,235,479
UNIVERSITY OF MISSOURI	010565406	24.99%	36,927,321	36,927,321
VENCOR HOSPITAL OF ST. LOUIS	013126404	12.67%	109,793	105,426
WASHINGTON COUNTY MEMORIAL	010780609	14.45%	523,110	512,329
WESTERN MISSOURI	020931705	13.22%	37,231,071	37,231,071
WESTERN MISSOURI MED CENTER	010421204	11.48%	951,053	928,620
WOODSON CHILDREN'S HOSPITAL	022101901	83.34%	3,410,852	3,410,852
WRIGHT MEMORIAL HOSPITAL	010492205	8.12%	265,327	258,728